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PETITION FOR EXTENSION OF TIME UNDER
37 CFR 1.136(a)Docket Number (Optional)
AM101604 CIP3 CONTo: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re Application of William R. Gamble, et al.

Application No. 10/622,249 Filed July 18, 2003

For: High Molecular Weight Primary Aliphatic Alcohols
Obtained from Natural Products and Uses Thereof

Art Unit 1621 Examiner Peter G. O'Sullivan

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	\$ 55.00	\$ 0
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00	\$ 210.00	\$ 0
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00	\$ 475.00	\$ 950
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,480.00	\$ 740.00	\$ 0
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010.00	\$ 1,005.00	\$ 0

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- applicant/inventor.
- assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- attorney or agent of record. Registration Number_36,238
- attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____.

9/21/04

Date

SIGNATURE

720-406-5315 _____
Telephone NumberSteven C. Petersen _____
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ one _____ forms are submitted.

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